



CITY OF DALLAS

Department of Code Compliance

MANAGER OF POOL OPERATIONS

CLASS REGISTRATION FORM

NAME: _____
PLEASE PRINT (LAST) (FIRST) (MIDDLE INITIAL)

HOME ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE: (_____) _____ WORK TELEPHONE: (_____) _____

E-MAIL ADDRESS: _____

Texas Driver's License or Texas Identification Number Date of Birth

DO YOU MANAGE A POOL IN THE CITY OF DALLAS? YES _____ NO _____

DO YOU HAVE A NATIONAL CERTIFIED POOL OPERATORS CERTIFICATION YES _____ NO _____

PLEASE TELL US WHAT TYPE OF BUSINESS YOU ARE EMPLOYED BY: (check one)

Apartment Condominium/Loft Hotel/Motel

Health Club Swimming Pool Service Company

Other _____

PLACE OF EMPLOYMENT/D.B.A: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOL PERMIT NUMBER(S): _____

SIGNATURE: _____ DATE: _____

(Application must be signed before it can be processed by the City of Dallas's Special Collections Division)

DATE OF CLASS REQUESTED _____ ALTERNATIVE DATE: _____

<u>FEES</u>	<u>RETURN APPLICATION TO:</u>
City of Dallas Resident \$40.00 <input type="checkbox"/>	City of Dallas
Non-City of Dallas Resident \$60.00 <input type="checkbox"/>	Special Collections Division
Total \$ _____	1500 Marilla, 2DS
Make check payable to the City of Dallas	Dallas, Texas 75201
	Payment must be received 14 days before class